

# EMERGENCY

BROOKLYN DEVELOPMENTAL CENTER

## ADAPTIVE EQUIPMENT SHOP WORK REQUEST

Program/RESIDENT Valerie Young WING 314 DAY PROGRAM  
 Requested by STAFF/OT/ML Date 4.26.05

EQUIPMENT to be repaired or modified:  
 (ie. wheelchair, chair, etc.)

SERIAL NUMBER EEJ 2453335  
 What needs to be done or problem description.

- Issued Valerie Young wheelchair with:
- padded seat & back cushions
  - seat cushion was fuller in depth
  - fabricated soft calf support
  - adjusted footplate height

Approved \_\_\_\_\_ Date \_\_\_\_\_  
 Physician

Continue on other side or attach additional sheet, if necessary.

DATE Referral received: 4.27.05 DATE Assigned: 4.27.05  
 AES Assigned: Courtney Rogers DATE Completed: 4.27.05  
 SIGNATURE OF PERSON RECEIVING EQUIPMENT: [Signature] DATE 4.27.05

Total work time in hours:

Material used:	( )		Qty	( )		Qty
( ) H.D. polyethylene	( )	Leg rests		( )	Leg rests	
( ) Kydex	( )	Wheels		( )	Wheels	
( ) Foam	( )	Armrests		( )	Armrests	
( ) Naugahyde	( )			( )		
( ) Nuts Bolts	( )			( )		
( ) Webbing	( )			( )		
( ) Other:	( )			( )		